

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 7

2. STATE:

Arizona

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1924 of the Act 42 CFR 435.725,
435.733, 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2000/2001 \$ 0

b. FFY 2001/2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, page 4a
Supplement 1 to Attachment 2.6-A, page 1b
Supplement 12a to Attachment 2.6-A, page
1
Supplement 13 to Attachment 2.6-A, page
19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same

Same

Same

Same

Same

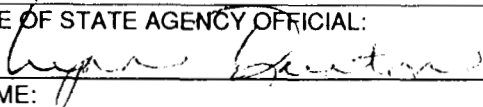
10. SUBJECT OF AMENDMENT:

Income eligibility levels and post-eligibility treatment of institutionalized
individuals

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



16. RETURN TO:

13. TYPED NAME:

Lynn Dunton

14. TITLE:

Assistant Director

15. DATE SUBMITTED:

December 15, 2000

AHCCCS

Mail Drop 4200

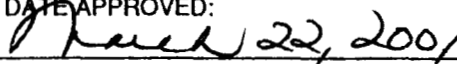
801 East Jefferson

Phoenix, Arizona 85034

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 27, 2000

18. DATE APPROVED:

 22, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

SECTION 1924 PROVISIONS

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924, except for those provisions set forth in Supplement 14 to Attachment 2.6A.
- B. In the determination of resource eligibility the State minimum resource deduction is \$ 17,400, subject to change in accordance with federal law.
- C. An institutionalized spouse who (or whose community spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.

State: ARIZONA

Citation	Condition or Requirement								
1924 of the Act 435.725 435.733 435.832	<p>-2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of Not Less Than \$30 For Individuals and \$60 For Couples. For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled:</p> <table><tr><td>Individuals</td><td>\$ <u>79.50</u></td></tr><tr><td>Couples</td><td>\$ <u>*</u></td></tr></table> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related:</p> <table><tr><td>Children</td><td>\$ <u>79.50</u></td></tr><tr><td>Adults</td><td>\$ <u>79.50</u></td></tr></table> <p>For the following persons with greater need:</p> <p>Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A</u>. \$ <u>79.50</u></p>	Individuals	\$ <u>79.50</u>	Couples	\$ <u>*</u>	Children	\$ <u>79.50</u>	Adults	\$ <u>79.50</u>
Individuals	\$ <u>79.50</u>								
Couples	\$ <u>*</u>								
Children	\$ <u>79.50</u>								
Adults	\$ <u>79.50</u>								

* In Arizona, all applicants are treated as individuals. If two individuals are married, each would receive a Personal Needs Allowance of \$79.50.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

3. Supplemental Security Income:

Individual Federal Benefit Rate:	\$ 530
Couple Federal Benefit Rate:	\$ 796
300% Individual Federal Benefit Rate:	\$ 1,590

TN No. 00-017
Supersedes
TN No. 00-001

Approval Date MAR 22 2001Effective Date January 1, 2001

Revision: HCFA-PM-97-2
December 1997

SUPPLEMENT 12a TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Individuals who have received institutional services less than 30 days: \$1,590 (allowed by waiver)

Individuals receiving HCBS: \$1,590 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)

Individuals who have received HCBS: \$1,590 (as allowed by 42 CFR 435.726 and the 1115 waiver which allows the State to provide HCBS to individuals whose income does not exceed 300% of SSI.)